

STATEMENT OF ORGANIZATION
OR CANDIDATE COMMITTEES

Seq. # 200013700328

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION
ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

1. Committee Identification No. <u>136808</u>		
2. Type of Filing a. <input checked="" type="checkbox"/> Original OR	b. <input type="checkbox"/> Amendment to Item(s) #	c. Date Change(s) Took Place <u>1</u>
3. Full Name Of Committee <u>Committee to Elect Sheryl Russo</u>		
4. Candidate Last Name <u>RUSO</u>	First Name <u>Sheryl</u>	M.I.
4a. County of Residence <u>Macomb</u>	4b. Political Party (If applicable) <u>Republican</u>	
4c. Driver License # (Optional) <u>R 200 765 585 012</u>		
4d. Office Sought: (Check one)		
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education		
<input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals		
<input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court		
4e. District # or Jurisdiction <u>16</u> <input checked="" type="checkbox"/> Local or Other (Please Specify) <u>Clinton Twp. Trustee</u>		
5. Date Committee Was Formed (Mo/Day/Yr) <u>5-11-00</u>	6. Committee Area Code and Phone Number <u>810-790-6038</u>	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>20029 Abrahm</u> <u>Clinton Township, MI 48035</u>	7a. Committee Street Address (May not be P. O. Box) <u>20029 Abrahm</u> <u>Clinton Township, MI 48035</u>	
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) <u>Sheryl Russo</u> <u>20029 Abrahm</u> <u>Clinton Twp, MI 48035</u> Area Code and Phone <u>810-790-6038</u> Driver License # (Optional) <u>R200 765 585 012</u>	9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone _____ Driver License # (Optional) _____	
10. <input checked="" type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.		
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: <u>National City, Groesbeck & Masonic, Fraser</u> 11b. Secondary Depository: <u>Huntington Bank 41801 Garfield</u> <u>Clinton Twp MI 48038</u>		12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.		
Current Treasurer: <u>Sheryl Russo</u> Type or Print Name	<u>Sheryl Russo</u> Signature	Date <u>5 11 00</u> Mo. Day Year
Candidate: <u>Sheryl Russo</u> Type or Print Name	<u>Sheryl Russo</u> Signature	Date <u>5 11 00</u> Mo. Day Year